# **EXHIBIT 2**

From: Kenyon Ross Gmail < kenyonross@gmail.com >

Date: December 1, 2010 1:30:21 PM CST

Subject: New information on effects of CMS code changes are having

on offices...

## UPDATE ON URINE DRUG TESTING

I've spoken to numerous physicians this week regarding how the new CMS code changes are potentially going to impact their drug monitoring programs in 2011. Here is the consensus of what I've found so far:

1. If clinics are testing more than 200 patients a month, there is a solution that will possibly reimburse over \$120 per patient with a cost of only \$8 per patient (this is new information - some of you I've quoted \$11.80 - so this is a new lower rate) \*. Millennium Laboratories has a business development specialists heading up this solution who is planning a trip to Alabama over the next 2-3 weeks. If you'd like us to come to your office to let you know how this is possible, please reply back to this email.

# In our meeting we will cover...

- 1. Application process
- 2. Personnel requirements
- a. Laboratory Director
- b. Clinical Consultant
- c. Technical Consultant
- d. Testing Personnel
- 2. If you're testing less than 200 patients a month, offices are considering several options (at least how it relates to their Medicare / Medicaid patients):
- a. Maximize profits by lowering the screening cost and potentially reimbursing over \$40 per patient.
- b. Change nothing.
- c. Some offices realize the value of the test but are finding it not worth their efforts. These offices are considering:
- 1. Having a lab provide turn-key solutions (the lab collects and runs both the screen and the confirmation clinic reimburses nothing)

2. Some are contemplating stoping drug testing or writing narcotics all together.

We all know that drug abuse isn't going away but, I'm sure you would agree, neither should writing pain medications for appropriate patients. Prescription narcotics are obviously a critical factor in the success of treating millions of pain patients worldwide. Many physicians are frustrated with the new code changes because these reimbursements have afforded their patients a more complete pain management treatment program than they would have been able to receive otherwise. Obviously, the new reimbursement changes are going to be especially hard for those practices who are relying heavily on this source of income to run their practice.

As you consider how to manage these new changes. I encourage you to consider using Millennium Laboratories as a resource; if you're not already. Not only do we offer the most advanced technology and testing platforms in the industry but I invite you to compare our service offerings to any other lab.

- 1. One business day turn-around on full-confirmations
- 2. Only 1-2mL's needed to run our full panel of test
- 3. Practice snapshots showing you every drug your patients have taken over a period of time
- 4. Millennium research Institute
- 5. Complimentary access towww.codemap.com andwww.doctorsafeguard.com.
- 6. Business consulting on becoming a waived, moderate complexity, or high complexity lab.
- 7. Direct-Bill arrangements for Hospitals and non-physician owned Labs
- 8. Laboratory assistants available
- 9. Resources for FDA approved analyzer equipment (qualified for moderate and high complexity labs this will be very important in 2011)\*
- Analyzer requires no capital expenditure, a new \$8 per patient cost for everything, and the best part, you can give the equipment back if it doesn't meet you needs with no financial penalty)
- 10. Our proprietary testing methods will set-us apart, in the eyes of insurance payers, in the years to come. Can't reveal it now... but it's exciting what Millennium is capable of doing.

Please <u>email</u> me if you'd like our business development manager and I to visit you over the next 2-3 weeks to fill you in on what we believe are the best solutions for urine drug screening in 2011.

Best Regards,

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